

## Audit

Sir,  
May I support your editorial (January *Journal*, pp. 3-5) in objecting to the word 'audit'. 'Figures rather than people'; inspection by outsiders: we want neither. The word survives only because it is short. Why not "review of performance" or "critical review"?

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## The Doctor's Family

Sir,  
My wife works full time as a doctor, partly in general practice. I read the article by Jill Pereira Gray on "The doctor's family" with interest (February *Journal*, pp 75-79).

Emotional burdens are not uncommon in the helping occupations and can be alleviated by structured discussions with colleagues. I wonder if the reference to "professional problems" includes emotional as well as clinical issues?

I was surprised that the doctor's spouse feels 'excluded' from his/her partner's work. The working associates of most people inevitably know more about their work activities than do close family members.

Why is a patient offended if the doctor's spouse is not "in the know" about a particular illness? Surely knowledge of patients' problems should not be routinely extended, out of deference to patients who would object. Otherwise confidentiality becomes a joke. A doctor can share patient problems with the spouse, and preserve confidentiality by not mentioning names.

I fail to relate to the threat to spouses from physical contact *per se* by a doctor with patients. I presume the allusion is to physical contact of an erogenous kind. If young doctors' spouses are troubled by the intimacy in their partners' work, I would question the relationship between doctor and spouse, not doctor and patient.

The role of the doctor's spouse consists of a set of behaviours and expectations which are ancillary to the professional tasks of the doctor. The increasing proportion of women doctors, and the drift from single-handed to group practice, may result in a lack of fit between the historical role of spouses and new circumstances. The suggestions made in the article to rectify this disharmony assume that the ancillary spouse's role is the preferred course to follow. If the spouse feels

excluded from her partner's work, it is because she feels she ought to know more. The suggestion for spouses' groups on trainee courses argues for re-alignment of a role in a time of rapid social change. This seems epitomized by such groups being led by 'experienced' wives: stalwarts taking responsibility for the re-socialisation of neophytes.

I contend that the 'doctor's wife' is a largely created role, subscribed to by the incumbents, providing a source of identity and purpose, and not without social kudos. Its mantle is not unavoidable nor inevitable. I am sure it is sex-linked: it befalls female and not male spouses.

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*Jill Gray replies as follows:*

I was interested to read Mr Douglas's comments on my paper.

The "professional problems" were intended to include only those emotional problems induced by particular cases or difficulties in the practice, not personal problems. Similar groups for spouses would meet the needs of spouses stressed by the particular problems associated with being married to doctors. When is a call urgent? Why do I have to go with my wife/husband to an interview? Should I let my wife/husband treat our baby?

Of course the work associates of most people know more about their work than their spouses. The point is that most people can tell their spouses as much or as little as they like about their work, whereas doctors and others in the caring professions are prevented from talking about that part of their job which is most interesting to them both. Wives don't feel they *ought* to know about their husbands' jobs—they want to out of interest.

I agree that patients' problems should not be discussed routinely, but I think Mr Douglas underestimates the problems that arise when the spouse is in a semi-professional capacity when answering the phone, or when a patient is a friend or relative. Is a wife really not to ask the doctor what happened when she has just sent him off to a man who has probably had a coronary, or how a friend is whom she knows to be very ill? Anonymity is just not possible here, nor am I convinced it is the answer for other patients, particularly in a small community.

Patients who are friends may be hurt

because they rate the ties of friendship above professional ties and are expecting the doctor to do the same. People do not necessarily draw the same boundaries and are surprised when others draw different ones.

Physical contact should not be a problem for the majority of spouses. It is nevertheless part of the "mystique of medicine" described recently by Nelson (1981), for which some wives are unprepared.

Mr Douglas may consider the role of the doctor's wife to be largely created. While he and other professionals may have no need to discuss it, the fact remains that a growing number of trainee spouses are worried enough to want to talk about it. As for being sex-linked, I fail to see why men should be any less bothered about answering difficult phone calls, problems of confidentiality, or the health of their families than women.

The problems may be diminishing. They may already not exist for some. Where they are felt to exist, it must be right to offer help.

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### Reference

Nelson, S. (1981). Is there a doctor in the house? *Journal of the Royal College of General Practitioners*, 31, 715-722.

## Journal Paper Costs

Sir,  
The Royal College of General Practitioners, like all professional bodies, is finding that its costs are constantly increasing.

Does its journal need to be printed on one of the most expensive types of paper? Surely a change to a less substantial but far less costly grade of paper would not be too great a sacrifice?

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### *The Editor comments:*

Paper is bought on the *Journal's* behalf by the publishers and the printers, who must take into account several factors, including quantity (a large amount of a superior paper bought for several different journals is cheaper than small amounts of an inferior stock), opacity (so that the print does not show through) and the need to reproduce coloured illustrations and advertisements. Since August 1981 the *Journal* has been printed on thinner paper (70 gsm instead of 90 gsm), a change which will save about £4,000 a year.